

Chat Box Archive – Project Director Affinity Group Call 02/27/17

Brie Reimann:Hello and welcome! We will be starting in just a minute or so! We hope that some of you will share during today's chat about your experiences, challenges around engagement and reassessment!

Trusa Grosso:warm hand-offs are working well for us!

Dan Do:warmhandoff to PBHCI team members during therapy appointments

Brie Reimann:How are you all doing warmhandoffs?

Lindsay ciepiela:Clinic staff are encouraged to "drop in" anytime on Care Manager and tour the space. Priority to getting them in the PBHCI space if they'll come over vs joining the therapy appt.

Natasha Figueroa:I am part of cohort 9 and just getting the program up and running however, our goal is to do a warm hand off from BH clinician to our care coor; at least for year 1 while the CC can handle that traffic

Toni Moon:Our Assessment team (initial intake, clinical assessment at the mental health center) has been a great partner in identifying enrollment for our PBHCI program

Natasha Figueroa:feedback is WELCOME

Lindsay ciepiela:Can call desk from therapy session to triage what warm handoff makes most sense

Brie Reimann:Feedback for Natasha?

Lindsay ciepiela:partnering FQHC often calls us into exam room

Dan Do:We utilize phone calls from therapists, instant messaging, and also put in appointment notes in the EHR to contact a PBHCI team member

Lindsay ciepiela:Yes Natasha. That's our arrangement.. remember to use Peers!

Brie Reimann:Say more about the use of peers!

Natasha Figueroa:thank you lindsey

Eva Nunez-Paulino:we use the peer for warmhandoff

Natasha Figueroa:are you having the peers do the NOMS?

Anna Rivera: If individual declines NOMS; however, is receiving integrated services, can we report this client during each reporting period by entering services received? Do we enter a "declined" NOMS for all three assessment deadlines (baseline, 6 month, 12 month reassessment)?

Eva Nunez-Paulino: and clinicians

Toni Moon: Our peer uses a lot of strategies, including shared decision-making, to help engage and prepare clients

Toni Moon: Our peer does the NOMS, too (along with a few other team members)

Trusa Grosso: Case managers introducing potential enrollee to the medical providers. Our medical providers are also identifying potential enrollees and then contacting nurse Care Coordinator or BH case manager.

Lindsay ciepiela: Our peer participates in co-sessions and has sometimes more flexible schedule so will "host" our PBHCl space for warm handoffs from PCP and BH

Lindsay ciepiela: No peers on NOMS for us. Doesn't feel clinically appropriate to our team.

Dan Do: we found that having our peer do the reassessments was actually a great conversation starter for WRAP and WHAM

Anna Rivera: Yes, our peers are very appropriate for NOMS as this is client self report and a great conversation starter and referral to integrated programs like group therapy

Katie Lipp: We had been doing Sect. H separately as it was easier for us to track but as volume increases, will be looking to psych nurses/InSHAPE health mentors/etc. to complete physical health indicators. This feels like a nightmare to come up with a workflow for and to track. How does everyone manage this?

Heather Robbins: When the date is different for the mechanical indicators and the labs, which date do we use in SPARS? Does it matter?

Lindsay ciepiela: Thank you for diverse thoughts on Peers/NOMS... it was bumpy for us early on though perhaps will reconsider

Dan Do: we utilize our clinical assistants and one nurse care manager for vitals. prior to doing the noms we each do a brief chart review to see when the most recent vitals were done

Teresa Jacobson: We also have had much success with engagement with peers for NOMS and reassessments, which leads to coaching appointments; we've also have warm handoffs from psychiatric providers, works especially well for high priority patients

Brie Reimann:Remember that CIHS provides TA around peer supervision and peers in the workforce!

Lindsay ciepiela:Katie--- Can you develop a form in your EHR that anyone can access with H indicators? Ours is super basic but shares responsibility and avoids duplication.

Dan Do:I will say that initially our peer was very resistant to the survey as it felt more clinical, however, after seeing it action, he also agreed that it would be beneficial for him to do

Katie Lipp:Lindsay that's a great idea but our EHR is the most unhelpful tool on the planet.

Katie Lipp:Something to hope for!

Anna Rivera:Can you clarify admin interview for NOMS

Anna Rivera:Thank you!

Eva Nunez-Paulino:Yes, the peer supervision in the wp webinar was very helpful

PHYLLIS:I JOINED LATE. DID YOU DISCUSS BLOOD WORK CYCLES? THAT IS -- BASES FOR SETTING THE CYCLE TO ANNUAL VERSUS MID PERIOD?

Lindsay ciepiela:Katie--- We rely on the access database from our evaluator and team members review weekly. I'm sorry about your EHR.. it's the nightmare that never ends!

Christine Axford:Regarding reassessment, we have had success with notifying our counselors when the reassessment window opens so they can assist in assuring clients make those appointments.

Lindsay ciepiela:This convo is getting me thinking differently about easing workload on Care manager and true integration. Thank you!

Brie Reimann:Lindsay say more about potential changes you might make!

Jon Marrelli:Agree peers are key! If anyone in the NYC region has some thoughts on where I can locate bilingual spanish peers, let me know! we have been holding off and seeking someone with prior experience/training rather than recruiting from within.

Leanne Kellogg:Does anyone use thier EMR to track all of these or most are using external evaluator databases?

rebecca vincent:NLCMH is using an external evaluator.

Teresa Jacobson:external evaluator database here as well

Marta Pizarro:At Citrus we use both EHRs to capture data and IT prepares reports for us

Lindsay ciepiela:External evaluator for data mgt but we do add vitals to record. Changes we're considering: training at least some clinicians on NOMS (our frequently flyer staff who refer), adding Peers into workflow to strengthen that initial collaboration;

Anna Rivera:CHCS utilizes EHR and IT to track data; however, will be moving to external providers within the next month

Anna Rivera:correction: external evaluators

Lindsay ciepiela:*adding peer into NOMS workflow

Leanne Kellogg:I'd love any perspective on the current question!

Brie Reimann:Leanne which question?

Leanne Kellogg:Workflows with reassessment

Brie Reimann:Thanks Leanne. Please also feel free to chime in about workflows-*6 to unmute

yara stanzola:Citrus has the Psychologists doing the NOMs.

Natasha Figueroa:is that the same database shared on the SAMHSA site?

Trusa Grosso:Doesn't SPARS have a report to help us track reassessment?

Katie Lipp:Yes to Natasha and Trusa

Natasha Figueroa:THANK YOU GWEN

Natasha Figueroa:Thanks Katie!

Lindsay ciepiela:The access database is a GREAT tool for staff mtg... all team members review adn can see who is due for what

Lindsay ciepiela:*color ink really makes it work most efficiently

Brie Reimann:Please type in topics we should focus on in the future during these calls!

Teresa Jacobson:thank you!